

☐ CORRECTED (if checked)

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|--|-----------------------------------|--|--|---|---|--|
| PAYER'S name, street address, city, state, and ZIP code | | 1 Gross distribution \$ | | OMB No. 1545-0119 2010 Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | | 2a Taxable amount \$ | | | | |
| | | 2b Taxable amount not determined <input type="checkbox"/> | | Total distribution <input type="checkbox"/> | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 3 Capital gain (included in box 2a) \$ | | 4 Federal income tax withheld \$ | | Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. |
| RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code | | 5 Employee contributions /Designated Roth contributions or insurance premiums \$ | | 6 Net unrealized appreciation in employer's securities \$ | | |
| | | 7 Distribution code(s) | IRA/SEP/SIMPLE <input type="checkbox"/> | 8 Other \$ | % | |
| | | 9a Your percentage of total distribution % | | 9b Total employee contributions \$ | | |
| | 1st year of desig. Roth contrib. | 10 State tax withheld \$ \$ | | 11 State/Payer's state no. | | 12 State distribution \$ \$ |
| Account number (see instructions) | | 13 Local tax withheld \$ \$ | | 14 Name of locality | | 15 Local distribution \$ \$ |

Form **1099-R**

Department of the Treasury - Internal Revenue Service